

**QUALITY COMMITTEE  
MINUTES, ACTIONS & DECISIONS**

<b>Date:</b>	Wednesday 12 December 2018	<b>Time:</b>	09:30-10:30
<b>Venue:</b>	Conference Room, Field House, Bradford Royal Infirmary	<b>Chair:</b>	Professor Laura Stroud Non-Executive Director
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Professor Laura Stroud, Non-Executive Director (LS)</li> <li>- Mr Jon Prashar, Non-Executive Director (JP) (via conference call)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> <li>- Ms Cindy Fedell, Chief Digital and Information Officer (CF)</li> <li>- Dr Bryan Gill, Medical Director (BG)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC)</li> <li>- Nahida Mafuz, (Minute taker)</li> </ul>		

No.	Agenda Item	Action
<b>Q.12.18.1</b>	<p><b>Apologies for Absence</b></p> <p>Mr Amjad Pervez, Non-Executive Director (AP) Ms Selina Ullah, Non-Executive Director (SU)</p>	
<b>Q.12.18.2</b>	<p><b>Declaration of Interests</b></p> <p>There were no declarations of interest.</p>	
<b>Q.12.18.3</b>	<p><b>Minutes and Actions of the Quality Committee meeting held on 28 November 2018</b></p> <p>The minutes of the last meeting were approved as an accurate record.</p>	
<b>Q.12.18.4</b>	<p><b>Matters Arising</b></p> <p>LS acknowledged the resignation of Bill McCarthy, Chairman as communicated recently to staff.</p> <p>The Committee noted that the following actions had been concluded:</p> <ul style="list-style-type: none"> <li>- Q.3.18.9 (28.03.18) – Serious Incident Report</li> <li>- Q.7.18.5 (25.07.18) – Focus on: Stroke Management and Care</li> <li>- Q.9.18.6 (26.09.18) – Quality Committee Dashboard</li> <li>- Q.11.18.8 (28.11.18) – (Quality Committee Dashboard) RAG Rating Commentary</li> <li>- Q.11.18.13 (28.11.18) – (Serious Incident Report) Thematic Analysis: Never Events</li> <li>- Q.11.18.13 (28.11.18) – (Serious Incident Report) Trending in relation to Never Events</li> </ul>	

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Q.12.18.4.1	<b>Matters Arising from the Board of Directors</b>  There were no matters to report.	
Q.11.18.4.2	<b>Matters Escalated from Sub-Committees</b>  There were no issues of note from the sub-Committees.	
Q.12.18.5	<b>Corporate Risks relevant to the Committee</b>  None identified.	
Q.12.18.6	<b>Board Assurance Framework (BAF)</b>  TC asked whether LS would be content to receive a statement of this at the end of December which will be an amalgamation of the last Quality Committee Meeting, today's meeting and any issues that arise in the next two weeks. LS confirmed this would be fine.	Director of Governance and Corporate Affairs
Q.12.18.7	<b>Terms of Reference and Committee Work Programme</b>  Discussion took place regarding whether it would be beneficial for deputies to attend the Quality Committee as they are the interface that lead and drive the work. BG felt their attendance would help the Committee make fully informed decisions. TC said one of the proposals is to have focussed items on agendas for deputies to attend those meetings and present the papers i.e. presentation of quarterly reports.  The Committee reviewed and confirmed its approval of the Terms of Reference (following the Audit and Assurance Committee Review). These will now be received and ratified by the Board of Directors in January 2019.  The Committee reviewed and approved the Committee Work Programme with the caveat that the documents are "working" documents.	
Q.12.18.8	<b>Quality Committee Dashboard</b>  BG wished to bring the mortality section of the dashboard to the Committee's attention. BG reported that the summary hospital level mortality indicator showed a steep fall in mortality rates and was much lower than HSMR. NHS Digital are concerned by the number of cases of out of hospital deaths nationally and the numbers are lower than they have expected. There has been a sudden drop in numbers for all Trusts data and this may be a data issue or due to timeliness of reporting therefore it was important to note that this number may change once NHS Digital have validated the data.  The Committee noted the contents of the Dashboard	
Q.12.18.9	<b>Quality Oversight System</b>  The Committee noted the paper.	

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Q.12.18.10	<p><b>Serious Incident Report</b></p> <p>The report was reviewed by the Committee. The Committee was sufficiently assured that the Trust has processes in place to identify, investigate and learn from serious incidents.</p>	
Q.12.18.11	<p><b>Never Events during 2018: A Thematic Analysis</b></p> <p>TC explained that the Foundation Trust declared three Never Events in 2018. A common theme found within each of the incidents was a change in clinical personnel involved in the care during a procedure, either a more experienced or more senior clinician 'stepping' in to deal with a procedure the original clinician was not familiar with, or when complications (non-emergency) had arisen. In addition the Never Event declared by the Trust in 2017 occurred following a change in the order of the operating list.</p> <p>An important risk that does not appear to fully mitigated in the way the Trust currently implements and uses the checklists and safety standards is when a change occurs during the procedure (for instance the change in 'operator'), or in relation to the management of the procedure (for instance when a list order is altered). This possibility is referred to within the National Safety Standards for Invasive procedures and actions to take in case of a change in list order are described in the Safer Procedures Policy, but in a brief review of LocSSIPs, and the Standard Operating Procedure used for the WHO Checklist these eventualities are not explicitly described.</p> <p>BG said it was important to share the lessons and findings with our network of partners in relation to Never Events.</p> <p>The Committee agreed that the recommendations detailed within the paper are proportionate and will assure them that the Foundation Trust has the processes and structures in place to identify themes of concern within its incident profile and take appropriate action to mitigate any potential risk.</p>	
Q.12.18.12	<p><b>Nursing Staffing Data Publication November 2018 (Exception Report)</b></p> <p>KD provided an update with regards to temporary nurse staffing and explained that she has requested for staff to be rostered 24 hours a day and seven days a week to avoid last minute cancellations of temporary staffing during the night.</p>	
Q.12.18.13	<p><b>Infection Prevention &amp; Control Report</b></p> <p>KD presented the quarterly infection prevention and control report and requested that the Committee acknowledges the risks highlighted in the report and confirm that the actions arising from the recommendations identified are appropriate. KD reported that there has been an MRSA bacteraemia which currently looks like it was unavoidable due to an infection.</p> <p>KD reported that continuing concerns have been raised that some theatres and specialist areas are not achieving the required ventilation standards. The Committee is requested to note the risks associated with specialist ventilation systems and the implications of the current risks and required actions.</p>	

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	<p>The Committee were content with the recommendations and actions identified within the paper.</p>	
<p><b>Q.12.18.14</b></p>	<p><b>Update Single Stroke Service Project and Sentinal Stroke National Audit Programme Performance (SSNAP)</b></p> <p>BG explained that the paper provides an update to the Quality Committee on the latest SSNAP results for the Trust and the Collaboration on a single stroke service with Airedale. BG explained that results have improved but it is recognised there is still more work to do at the front door and ongoing challenges remain such as staffing.</p> <p>BG reported that On 3<sup>rd</sup> September 2018 the Airedale-Bradford Acute Provider Collaborative Stroke Board met for their first meeting. The collaboration aims to develop a single integrated stroke service across the two NHS Trusts and is supported by non-recurrent funding from the Clinical Commissioning Group.</p> <p>LS said it is important to note the leadership that has been put into this which has contributed to the success of sustained improvement and praised BG for his role in this. This is something that could be shared and applied to other areas in the Trust.</p> <p>The Quality Committee noted the sustained improvement that the stroke service have made in delivery of the national SSNAP standards and the positive progress that has been made on the single stroke service collaboration with Airedale.</p>	
<p><b>Q.12.18.15</b></p>	<p><b>Information Governance (IG) Exception Report</b></p> <p>CF confirmed there were no IG incidents to report this month.</p>	
<p><b>Q.12.18.16</b></p>	<p><b>Any Other Business</b></p> <p>BG reported that the Education Plan is due to be signed off in the new year and would need to be presented to a number of Committees and asked whether it would be appropriate to do this at a future Board Development session. TC said it would be useful to design a Board Development day to focus on this particular strategic objective and linked to education/quality of care/research and Wolfson.</p> <p>TC reported that the Chief Operating Officer is looking into a concern raised by a Non-Executive Director in relation to an incident relating to a deceased patient. TC is supporting Sandra to review this from an assurance perspective. TC assured the Committee that the incident was discussed in detail at QuoC and the CQC and CCG were both informed. The incident was graded Level 1 and Duty of Candour applied. TC confirmed that the Level 1 investigation was concluded led by a senior nurse and TC will be reviewing the findings of the investigation.</p>	<p>Director of Governance and Corporate Affairs</p>
<p><b>Q.12.18.17</b></p>	<p><b>Matters to share with other Committees</b></p> <p>There were no items to share.</p>	

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<b>Q.12.18.18</b>	<b>Corporate Risk Register</b>  There were no issues to escalate to the Corporate Risk Register.	
<b>Q.12.18.19</b>	<b>Matters to Escalate to the Board of Directors</b>  There were no matters to escalate to the Board of Directors.	
<b>Q.12.18.20</b>	<b>Item for Corporate Communications</b>  There were no issues for Corporate communication.	
<b>Q.12.18.21</b>	<b>Date and time of next meeting</b>  Wednesday 30 January 2019, 14.00-16.00, Conference Room, Field House, Bradford Royal Infirmary. Agreed for meeting to be extended by half an hour to finish at 16:30	Director of Governance and Corporate Affairs



**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST**  
**ACTIONS FROM QUALITY COMMITTEE – 12 December 2018**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
12.12.18	<b>Q.12.18.21</b>	<b>Date and time of next meeting</b> Wednesday 30 January 2019, 14.00-16.00, Conference Room, Field House, Bradford Royal Infirmary. Agreed for meeting to be extended by half an hour to finish at 16:30	Director of Governance and Corporate Affairs	30/01/19	Meeting extended by an additional 30 minutes. <u>Action concluded.</u>
31.10.18	Q.10.18.13	<b>Patient Safety and Health and Safety Management and Compliance Incident Report (Quarter 2 2018/19)</b> Regarding Regulation 28 and 29 from H M Coroner a response will be submitted within 56 days to H M Coroner, a copy of which will be presented to this Committee.	Director of Governance and Corporate Affairs	30/01/19	12/12/18: Action to be deferred to <u>January 2019</u> - Due to the abridged Committee meeting in December. However, the Committee is asked to note that the response has been submitted to HM Coroner as required. Item deferred to 30/01/19
28.11.18	Q.11.18.13	<b>(Serious Incident Report): Physician Associates</b> LS noted Physician Associates are now on the legislative programme for regulation and work under their medical dependent clinicians. This issue will be discussed at the Workforce Committee in relation to the FT's position and Quality Impact Assessments being undertaken for all new roles.	Director of Governance and Corporate Affairs	30/01/19	Workforce Committee Chair and Lead Executive advised of action. To be considered at Workforce Committee meeting on 30 January 2018.
28.11.18	Q.11.18.6	<b>Board Assurance Framework: Mandatory Training</b> The Committee agreed the transfer of responsibility of assurance associated with mandatory training be passed to the Workforce Committee with discussion at the Quality Committee by exception.	Chief Digital Information Officer	30/01/19	The dashboard to be updated to ensure mandatory training is presented in both the Quality Committee and Workforce Committee dashboards.
28.03.18	Q.3.18.15	<b>Briefing Paper: Trust Research Committee Update – March 2018</b> Bradford Institute for Health Research needs to provide the Quality Committee with regular updates	Medical Director	30/01/19	25/04/18: BG – Timescale adjusted to align to when the next report is due.

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		on the work undertaken by them to meet the Research Strategy and programme of research. This will be included in future reports.			
26.09.18	Q.9.18.23	<b>'Big data' – understanding externally reviewed data</b> BG will submit recommendations on how data will be viewed, understood and measured against. The document will be discussed at the Executive Director Time Out on 27 September 2018 and a further update will be provided by January 2019.	Medical Director	30/01/19	
31.10.18	Q.10.18.14	<b>Security Management Standards for Providers</b> The Committee agreed it would be useful for the report to be submitted to the December Health and Safety Committee for discussion, and advice will be provided back to the Quality Committee as to how this may be progressed.	Chief Nurse	30/01/19	TC to discuss at Health and Safety Committee on 11/12/18. <b>12/12/18:</b> TC reported this was discussed at the Health & Safety Committee the previous day and work is being undertaken. KD to review the policy prior to 30/01/19
28.11.18	Q.11.18.8	<b>(Quality Committee Dashboard) Catheters and Urinary Tract Infections</b> An exception report on Catheters and Urinary Tract Infections to be brought to the meeting.	Chief Nurse	30/01/19	KD asked whether this should be tasked to the sub-committee. TC confirmed that the Patient Safety Sub-Committee will consider this and a report would be presented to Quality Committee.
28.11.18	Q.11.18.8	<b>Quality Committee Dashboard</b> An exception report on pressure ulcers to be brought to the February meeting.	Chief Nurse	27/02/19	
28.11.18	Q.11.18.8	<b>Quality Committee Dashboard</b> New Starter Training – The target is 100%, the Quality Committee will ask the Workforce Committee	Director of Governance and Corporate Affairs	27/02/19	

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		to advise if this has been attained.			
12.12.18	Q.12.18.16	<b>Any Other Business</b> BG reported that the Education Plan is due to be signed off in the new year and would need to be presented to a number of Committees and asked whether it would be appropriate to do this at a future Board Development session. TC said it would be useful to design a Board Development day to focus on this particular strategic objective and linked to education/quality of care/research and Wolfson.	Director of Governance and Corporate Affairs	27/02/19	
26.09.18	Q.9.18.13	<b>Nurse Staffing Data Publication August 2018</b> LS agreed to share a paper regarding Physician Associates, once published, with BG as to their requirements on qualification.	Professor Laura Stroud	26/06/19	28.11.18: LS will now share the paper with BG regarding the introduction of Physician Associates into the workforce. The Committee noted the paper will not be published until June 2019.
28.03.18	Q.3.18.5	<b>(NICE Guidance on Rheumatoid Arthritis: Compliance and Issues) Triangulation of Data.</b> A recommendation should be given for the Chairman to include triangulation of data (linked with presentations) in a future Board Development Session.	Director of Governance and Corporate Affairs	26/6/19	Will be progressed by the new Trust Secretary. Timescale to be confirmed. 27/06/18: Deferred to November 2018 following October Board development day. 28/11/18: Topic to be considered for inclusion at February 2019 Board Development Session.  <b>12/12/18: Clarity requested from Committee on what is required and if this should be picked up under action Q.9.18.23 - 'Big data' Understanding externally</b>



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					<b>reviewed data.</b> TC explained this is related to pre-cursor data and triangulation of data across the Trust and is not just for Rheumatoid Arthritis. BG explained this is linked to measuring outcomes in a consistent way with the CCG and needs to be developed from January 2019 for a duration of 6 months preferably starting with Maternity. <u>Update to be provided in 6 months.</u>
29.08.18	Q.8.18.16	<b>Palliative Care Annual Report</b> KD agreed to include in the next report the number of patients who die on the ward, but not in a side ward.	Chief Nurse	28/08/19	